

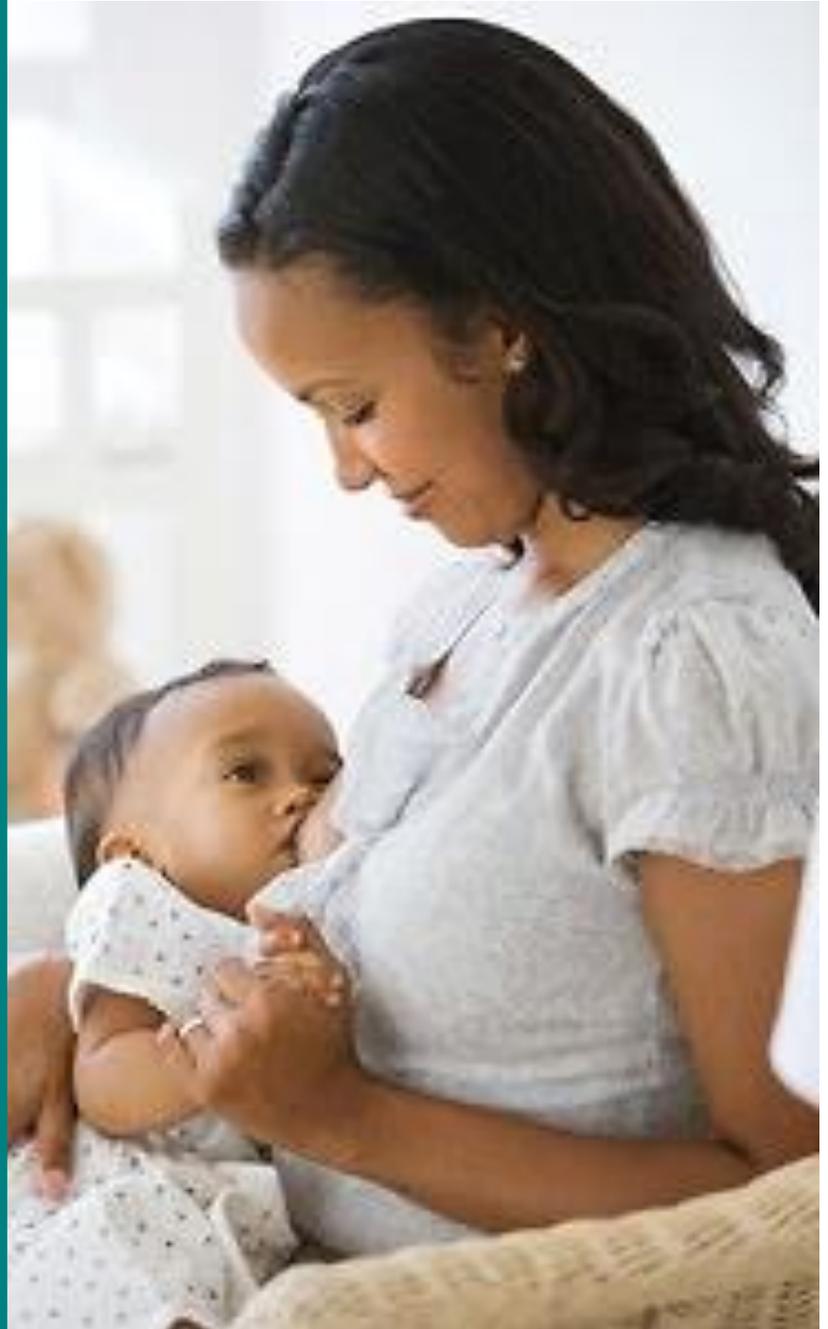
EMORY UNIVERSITY LACTATION SUPPORT PROGRAM

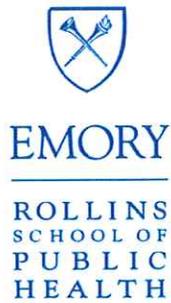
EXECUTIVE SUMMARY

OVERALL FINDINGS & RECOMMENDATIONS



By: Natalie Fields, MPH Candidate 2018
May 27, 2016





Natalie A. Fields
MPH Candidate, 2018

Executive MPH
Prevention Science

1301 Clifton Road NE
Atlanta, Georgia 30322
natalie.a.battles@emory.edu

May 27, 2016

Dear Colleague,

It gives me great pleasure to forward my findings and recommendations report for Emory's Lactation Support Program.

After having my children, I returned to work, at Emory University. Each time, I was a nursing mother and expressed milk for one year at work. Having personally experienced the benefits and joys of breastfeeding my children, I have also experienced the challenge of balancing exclusive breastfeeding and working full-time. Lactation support has become a passion of mine and I believe that breastfeeding mothers should be fully supported on family and community levels.

In 2005, the Staff Concerns Committee of the President's Commission on the Status of Women (PCSW) began work on an initiative to add lactation rooms throughout the Emory system. As a result, the committee was able to facilitate the addition of 19 new lactation rooms, and secure a commitment to include a lactation space in all new buildings erected at Emory. After the PCSW was dissolved in 2012, The Center for Women at Emory (CWE) "inherited" management of the lactation support program. The CWE has been instrumental in the creation of Emory's Lactation Support Policy, adopted in 2007, and the revision of the policy in 2013 to reflect new federal regulation. However, over the years, the CWE has not had adequate resources of staff or funding to effectively develop the program.

Now is a good time to revisit the lactation support program with the objective of improving the program's effectiveness. Now is the time; there is a movement among employers to create stronger family-friendly cultures through initiatives such as paid family leave, lactation support and child care services. The enclosed report reflects findings from a survey completed by 261 nursing mothers, and program recommendations based on survey analysis and peer institution benchmarks.

Emory's Lactation Support Program has come a long way from the first lactation room established in the CWE in 1997. However, today, the program needs attention, updates and growth. Emory's message that it is supportive of a mother's decision to breastfeed her baby, while working or going to school, should be clear through the lactation program's activities. Breastfeeding contributes to the greater health of the nation's children and mothers and it's also an important issue in employee retention. It is my hope that this report will spark dialogue among leadership about the program's future development and build upon Emory's public health legacy.

Sincerely,

A handwritten signature in black ink, appearing to read "NAB".

Natalie A. Fields

CONTEXT

The American Academy of Pediatrics recommends that new mothers breastfeed exclusively for the first six months of their baby's life, and continue breastfeeding with the addition of complementary foods until the baby is at least one-year-old.

In 2011, then Surgeon General Dr. Regina Benjamin of the US Department of Health and Human Services stressed the importance of everyone supporting the successful continuation of breastfeeding after a new mom returns to work.

There are numerous benefits to breastfeeding that effect children, mothers and employers:

Children

- Breast milk has the perfect mix of vitamins, protein, and fat needed for the best physical and mental growth of children.
- Breastfed children are healthier with lower rates of gastrointestinal illness, respiratory illness, ear infections, multiple sclerosis, and allergies.
- Breast milk is easier to digest.
- Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children.
- Breastfed children score higher on cognitive and IQ tests.

Mothers

- Breastfeeding leads to quicker postpartum recovery and earlier return to pre-pregnancy weight.
- Breastfeeding mothers are healthier with reduced risks of breast and ovarian cancers.
- Breastfeeding provides quiet time for mom and baby to bond.
- Breastfeeding families save money on food and health care.

Employers

- Employers who provide breastfeeding support experience reduced turnover and enhanced employee loyalty.
- Mothers who breastfeed have lower absenteeism due to sick children. One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.
- Lower and fewer health insurance claims are filed.
- Employer has positive image in the community for respecting and supporting nursing mothers.

The Patient Protection and Affordable Care Act (ACA) made significant progress to support breastfeeding by including new guidelines that require insurance companies to cover certain women's preventive services such as breast feeding support, supplies and counseling.

In addition, the ACA amended the Fair Labor Standards Act of 1938 by requiring employers to provide reasonable break time and a place, other than a restroom, that is private and clean for a mother to express milk. In 2013, the Center for Women led the effort to revise Emory's Lactation Support Policy (originally adopted in 2007) to reflect new federal regulation.

PROJECT PURPOSE

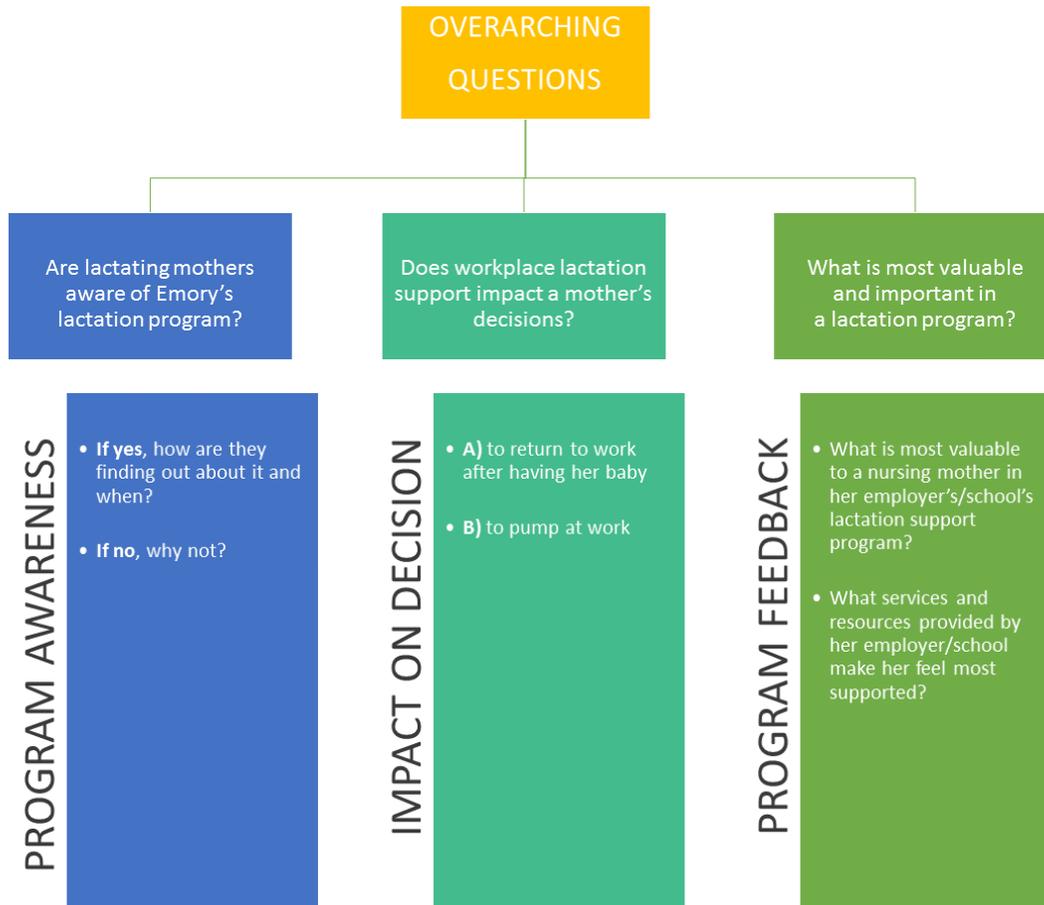
Even with the adoption of breastfeeding laws and policies, lactating mothers still face barriers after returning to work or school that contribute to them weaning their babies early. Inadequate lactation support and education are key contributors to mothers discontinuing breastfeeding after a few weeks. The purpose of this report is to identify opportunities within Emory University’s lactation program model that expands support to a mother during her breastfeeding journey once she returns to work/school.

The objectives of this report are:

- To gain insight on the nursing mother’s perspective of her employer’s/school’s lactation support program
- To provide data on the program’s activities and outcomes that will inform decisions about the program’s future
- To provide a framework for the CWE to use to begin discussions with Emory University partners about restructuring the program’s management and improving the program’s effectiveness
- To encourage Emory to further prioritize their lactation support program
- To encourage lactation support education among the Emory community

RESEARCH QUESTIONS

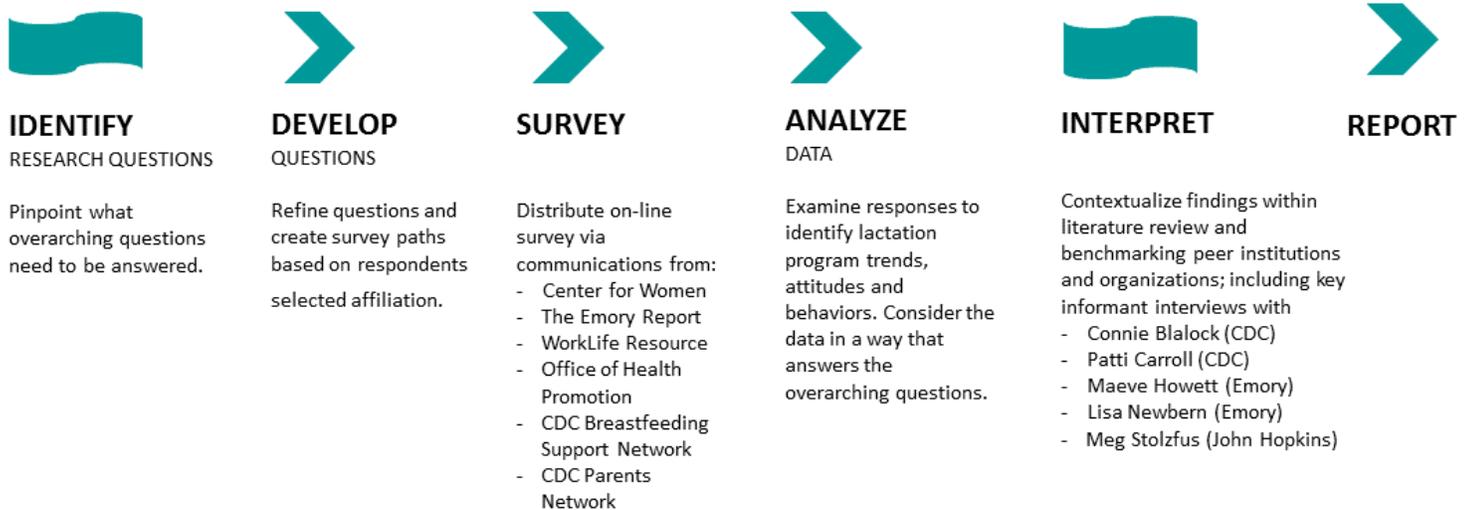
When developing the framework for the assessment, three overarching questions were identified. These important research questions underpin the need for revisiting the lactation support program with the objective of improving the program’s effectiveness.



METHODOLOGY

The data collection method for analysis was an on-line questionnaire distributed to past, present and future lactating mothers. The 261 respondents represented lactation support program users from Emory University and the Center for Disease Control (CDC). Each question in the survey was strategically constructed and mapped into the questionnaire based on the respondents’ affiliation selection.

The respondents’ experiences and commitment to breastfeeding helps us to understand their perception of employer/school lactation support programming.



RECOMMENDATIONS

Women with children are the fastest-growing segment in the U.S. work force. At Emory, the number of women taking leave (FMLA) after the birth of a child has increased over the past three years. In 2015, there were 223 women that took FMLA and were potential users of Emory’s new parent resources, including lactation support.

Year	FMLA Birth Breakdown (Female)
2013	184
2014	209
2015	223

The enclosed recommendations aim to improve program services in the following areas:

Program Awareness: Develop promotion activities that will effectively increase program awareness.

Program Management: Implement ongoing program development activities that will increase the effectiveness of the program.

Facilities Management: Conduct regular lactation room audits and a recruit “room moms” to serve as a facilities liaison.

Policy Management: Identify an appropriate contact in Human Resources to manage lactation policy compliance and complaints.

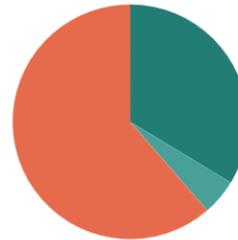
Lactation Support: Develop a lactation consultation and support resources plan to extend the program’s support once nursing mothers return to campus.

Survey Overview

Distribution

A 25 question on-line survey was taken by Emory University and CDC women. There were 261 total responses from past, present and future lactating mothers. The survey was distributed in communications from the Center for Women at Emory, Emory's WorkLife Resource Center, The Emory Report, Emory's Office of Health Promotion and the CDC Breastfeeding Support and Parent Networks.

Population



Emory University Faculty/Staff (34%) Emory University Student (5%)
 CDC Affiliate (61%)

Demographics



Age Range

49% ages 26 - 35
 45% ages 36 - 45
 5% older than 45
 1% ages 21 - 25



Race

74% White
 12% Black
 8% Asian
 6% Hispanic or Latino



Avg # of babies nursed by one mother

2



Avg length of time pumped or plan to pump at work

10 months

Emory Respondents



- School of Medicine
- Rollins School of Public Health
- Campus Life
- Business and Administration
- Candler School of Theology
- Division of Animal Resources
- Emory College
- Emory Healthcare
- Goizueta Business School
- Laney Graduate School
- Emory Law
- Library and Information Technology Services
- Provost
- School of Nursing
- Office of BPI
- Office of Research Administration
- Emory Clinic
- Yerkes

FINDINGS OVERVIEW

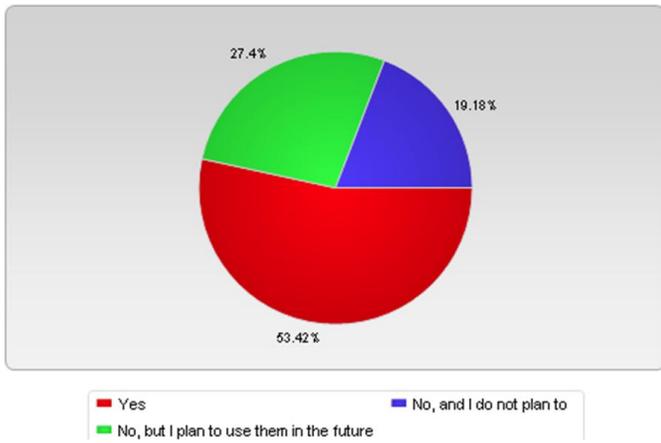
Stakeholder feedback plays an important role in program evaluation. Considerable research and analysis was done to identify strengths and opportunities within Emory’s lactation support program. Survey respondents were asked questions related to program awareness, program feedback and impact on decisions. The *Overall Findings* that follow represent analysis of a nursing mother’s perception of her employer’s/school’s lactation support program.

PROGRAM AWARENESS

The first overarching question was related to measuring program awareness. This section includes responses from Emory’s faculty/staff and student populations.

74% of respondents answered **yes** to knowing about the lactation support program.

26% of respondents answered **no** to knowing about the lactation support program.



Have you used the lactation rooms?

53% of respondents that know about the lactation program have also used the lactation rooms.

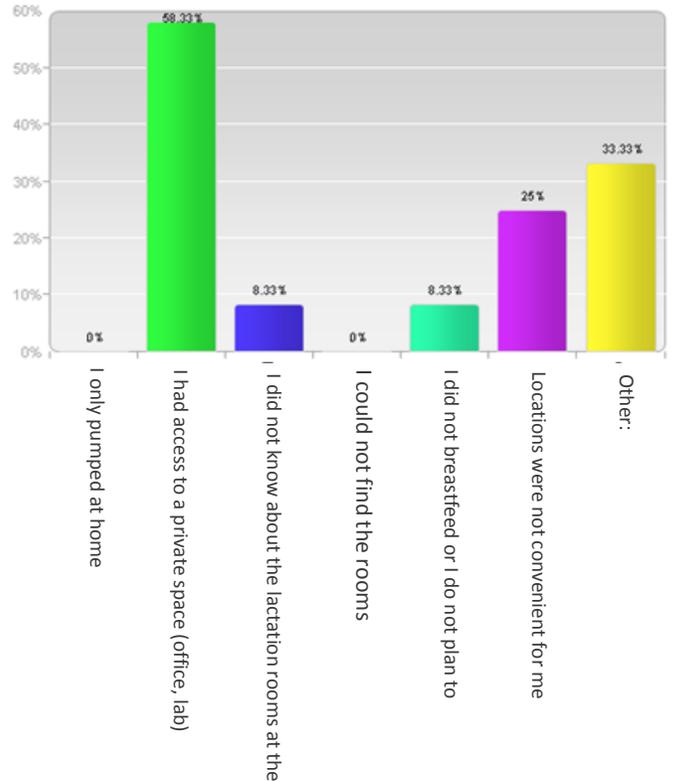
19% of respondents that know about the lactation program have not or do not plan to utilize the lactation rooms.

Why don’t you utilize the lactation rooms?

58% of respondents that have not or do not plan to utilize the lactation rooms say it is because they have **access to a private space** (personal office, grad office, lab, etc.)

25% say it is because the **locations were not convenient**.

Collecting data on room usage is vital to understanding the program’s validity and potential for growth. This is further discussed in the recommendations.



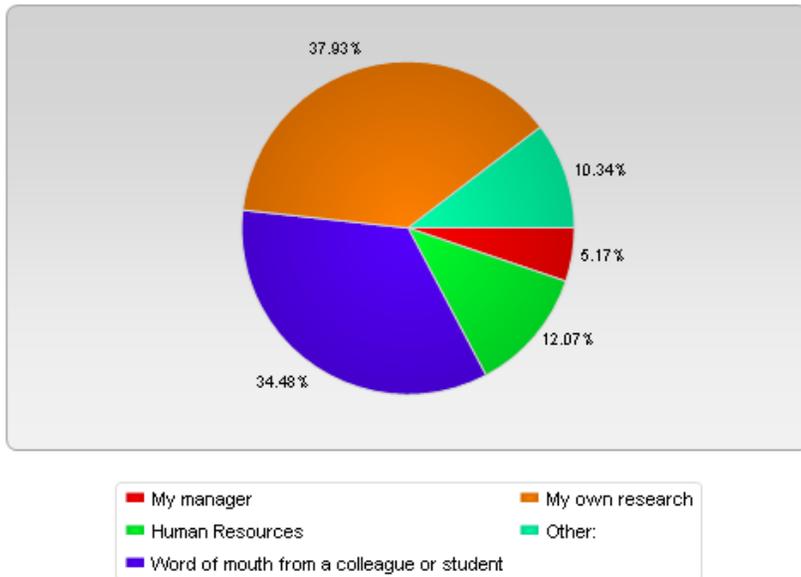
A key indicator of program awareness is, at what point is an expectant or new mother learning about the lactation support program.

69% of respondents learned about the program **before maternity leave**.

31% of respondents learned of the program **after returning to campus**.

How did you find out about Emory’s Lactation Program?

Emory Faculty and Staff

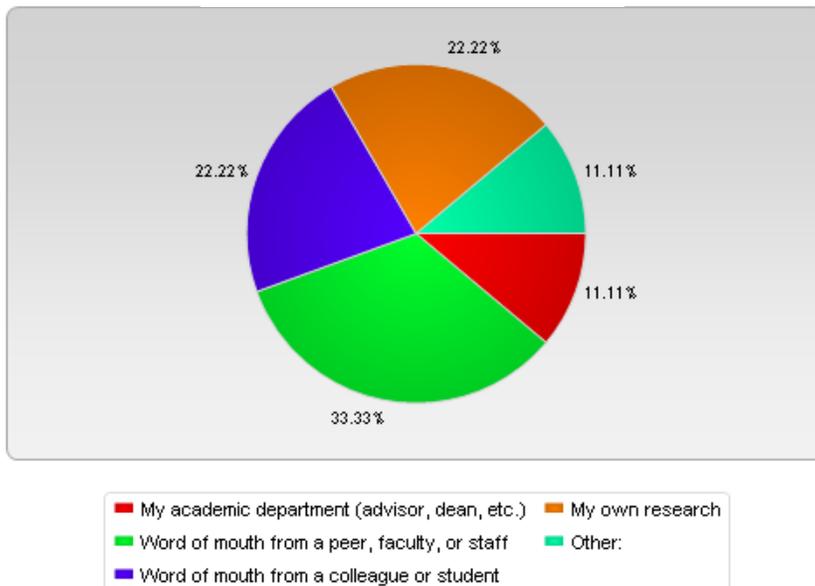


Emory’s faculty, staff and students are mainly learning about the lactation support program through individual research or word of mouth, before maternity leave.

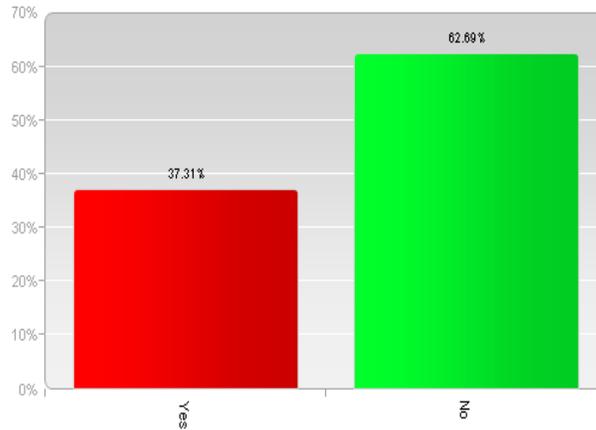
This is an indication of two key points 1) Before maternity leave is where program awareness efforts should be focused and 2) If most mothers are learning about the program on their own, there may be a gap in communication about the support program from managers, Human Resources and academic departments.

This data identifies an opportunity to update the method in which mothers are finding out about the program. Implementing a lactation program registration would streamline the program awareness activities. This is further discussed in recommendations.

Emory Students



Did you know there was a dedicated webpage for the Lactation Support Program?

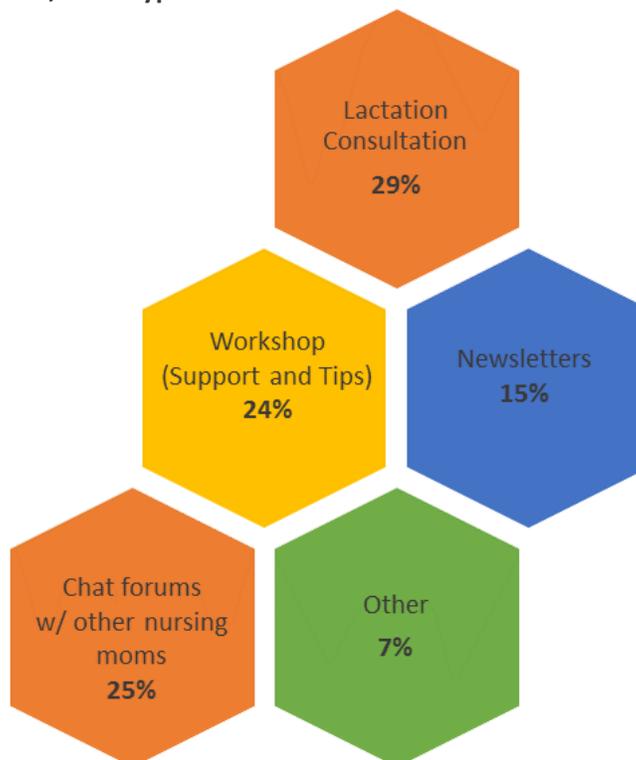


- 63% of the respondents that knew Emory has a lactation program, did not know that there is a dedicated webpage for the lactation program.
- The Lactation Support Program webpage is where users can find an interactive lactation room map, room contacts, lactation resource links, a feedback form (pending completion), lactation policy, and updates about the program.
- Of the 37% that responded yes to knowing that there is a dedicated webpage, 88% said they have used the program website. This suggests that if more nursing mothers knew about the website, they would use it to retrieve program resources. Website updates are further discussed in the recommendations.

PROGRAM FEEDBACK

The second overarching question was related to gathering feedback from nursing mothers to find out what is most valuable to them in a lactation support program. The feedback questions were asked to both Emory affiliated and non-affiliated populations.

If offered, what types of lactation resources are valuable to you?



(Answer choices for this question were included based on the most common lactation support resources within benchmarked programs)

Other responses:

- “Communication across schools and departments to let everyone, not just lactating mothers who are seeking the information, know that breastfeeding is important, and needs time and space. So that the whole school is on board!”
- “Equipment (i.e. our employer has hospital grade pumps available in our lactation rooms). On-site counseling resource--this is often a VERY challenging time for new mothers (particularly as they transition back to work). A counselor would have been extremely helpful!”
- “How to discuss lactation needs with your manager”
- “I was unable to breast feed. I think lactation is great, but there needs to more support for those who can't or don't without judgment.”
- “I felt very isolated using the rooms at Emory. Nobody except me seemed to be using the sign-in sheets, and nobody ever came around to collect them. The one in the Women's Center didn't open until too late in the day, and they acted annoyed when they were there a few minutes early and I asked to use it. I ended up camping out on the floor in a Candler handicapped bathroom with an electrical outlet instead.”
- “Increased Visibility of program to working mothers”
- “Lactation rooms and advocacy to ensure all staff and students are allowed sufficient breaks to pump”
- “Special fridge, sink and supplies in lactation rooms”
- “Upgrades to the rooms to enable working while pumping”
- “ways to find out about lactation support when travel is necessary for work. I'm working on a website with these topics.”

Overall Feedback**The most valued lactation program resource is:**

- On-campus lactation consultation

The most important features inside of the lactation room are:

1. Privacy
2. Comfortable chair
3. Refrigerator
4. Room temperature
5. Sink (for washing hands and pump parts)

The three best ways to communicate with moms about lactation support services are:

1. E-mail
2. Lactation support program website
3. Signs inside of the lactation rooms

IMPACT ON DECISION

The final research question sought to understand the impact an employer's/school's lactation support program has on a mother's decision to:

A) Return to work/school after having a baby

Did your employer's/school's lactation program impact your decision to return to work/school after having a baby?

- Yes – 32%
- No – 56%

If yes, how important was the lactation program in your decision to return to work/school after having a baby?

- Extremely important – 46%
- Very important – 29%
- Moderately important – 13%
- Slightly important – 11%
- Not at all important – 1%

B) Pump at work/school

How important was the lactation program in your decision to pump at work/school?

- Extremely important – 74%
- Very important – 20%
- Moderately important – 4%
- Slightly important – 2%
- Not at all important – 0%

The data from this research section suggest that there is an association between employer lactation support and employee retention.

The data also suggest that employer lactation support programs highly influence a mother's decision to pump at work/school, which impacts the number of months a baby receives breastmilk within their first year of life.

Questions were asked to both Emory affiliated and non-affiliated populations.

Emory's first lactation room was established in the Center for Women in 1997. Since then, the program has grown to over 15 dedicated lactation spaces, across the University. Emory has created a supportive environment for breastfeeding mothers. However, it is recommended that the program be revisited at this time to expand the program model and implement new best practices.

The recommendations are based on 1) survey data and respondent feedback, 2) benchmarked peer institutions, and 3) public health competencies.

Firstly, the organization of the lactation support program is in need of re-evaluation in order to improve the program's effectiveness. There are three overriding recommendations to address this need:

1. Determine the best dwelling for the program's management. The Center for Women does not have adequate resources to manage the lactation support program at the level that the program needs. A shared responsibility model among divisions (such as the WorkLife Resource Center, Human Resources and Campus Facilities) may be a solution.
2. Establish a staff position that is responsible for managing the lactation support program. This person can be a new hire, or the responsibility can be written into someone's job description. Dedicated time and attention is needed to re-evaluate the program, organize priorities and manage the daily program tasks.
3. Engage stakeholders across the Emory system to gain buy-in on developing the program. An interdisciplinary approach could be valuable to the program. For example, involving stakeholders from the School of Nursing, Rollins School of Public Health and Emory University Hospital.

The recommendations included in this report are intended to be a starting point for future program development. Barriers to implementing any of these recommendations were not assessed at this stage of research.

The following recommendations encompass five strategic areas of focus (Program Awareness, Program Management, Facilities Management, Policy Management and Lactation Support), which are of equal importance to improving Emory's Lactation Support Program.

Program Awareness

1. Focus program awareness efforts toward pre-maternity leave.
2. Enhance program website so that it is simple, comprehensive and reaches the entire Emory community (i.e. managers and dads).
3. Provide manager/supervisor/academic departments training on building a professional culture that is supportive of new mothers when they return to work/school.
4. Provide managers/supervisors/academic departments with updated program promotion materials.
5. Implement Lactation Support Program user registration.
6. Implement new program promotion activities.

Program Management

1. Determine the best dwelling for the program's management.
2. Establish a staff position that is responsible for managing the lactation support program.
3. Regularly update the program website content.
4. Implement a program user feedback process.
5. Implement a data collection process.
6. Implement ongoing program development activities that will increase the effectiveness of the program.

Facilities Management

1. Conduct semi-annual lactation room audits.
2. Recruit a "Room Mom" for each lactation room. This would be a mom that uses the room daily and could act as a liaison between the room users and the program manager.
3. Monitor new construction within the University system and ensure lactation rooms are planned for.

Policy Management

1. Identify an appropriate contact to manage policy compliance and complaints.

Lactation Support*Pre-Maternity Leave*

1. Add a list of links to the program website of resources, breastfeeding classes and support groups at area hospitals.
2. Communicate to program users that the Affordable Care Act (ACA) requires health care plans to cover breastfeeding consultation and supplies.
3. Add the CDC Breastfeeding Support listserv opt-in instructions to Emory's lactation support program webpage.

Post-Maternity Leave

1. Develop a lactation consultation and support resources plan to extend the program's support once mothers return to campus.
2. Regularly update support resources on the program's website and inside of the lactation rooms.
3. Regularly engage the community of program users.
4. Incorporate support resources for fathers.

CONCLUSION

The information in this report confirms that breastfeeding can make an important contribution to the health and well-being of our communities. While the number of women initiating breastfeeding continue to increase, very few continue beyond the first few weeks, due to lack of support and education when they return to work or school.

The purpose of this report is to identify opportunities within Emory University's lactation program model to expand support to mother's on their breastfeeding journey. The twenty-three recommendations address opportunities for improving the program's services and resources. For further descriptions of each recommendation, please refer to the detailed recommendations in Appendix D.

Implementing new best practices that support and promote Emory's breastfeeding moms, are steps toward improving the program's impact on the nation's breastfeeding rates.

APPENDIX A:
LACTATION SUPPORT POLICY



Policy 4.91
Lactation Support

Responsible Official: VP for Human Resources
Administering Division/Department: Employee Relations
Effective Date: May 01, 2013
Last Revision: May 09, 2013

Policy Sections:

- I. Overview
- II. Policy Details
- III. Related Links
- IV. Contact Information
- V. Revision History

Overview

Emory's lactation support policy serves two important goals of the institution. First, given the many studies outlining the benefits of breastfeeding to mother and child, it is vital to provide new mothers with reasonable time and a safe location in which to express breast milk. Second, this policy contributes to Emory's goal of providing a family-friendly work and school environment. An employee who anticipates the need for a lactation room should inform her supervisor as far in advance as possible so that a room can be identified or plan put in place to accommodate the request in a timely manner. Supervisors will work with their building manager to identify room(s) available and arrange access.

Policy Details

In accordance with The Patient Protection and Affordable Care Act, which amended [section 7 of the Fair Labor Standards Act](#) ("FLSA"), Emory employees must be allowed reasonable break time to express breast milk for a nursing child. Emory must also provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Emory provides lactation rooms across the institution that may be used by nursing mothers, including staff, faculty, students, and visitors. The Center for Women at Emory maintains a list of lactation room locations at http://womenscenter.emory.edu/Programs/nursing_mothers/index.html. However, some employees may find it more convenient to use an alternative private space and should consult their supervisor about an appropriate location.

Coverage and Compensation

This policy applies to non-exempt and exempt employees.

Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the purpose of

expressing milk. However, where supervisors already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time.

Time and Location of Breaks

Supervisors are required to provide a reasonable amount of break time to express milk as frequently as needed by the nursing mother. The frequency of breaks needed to express milk as well as the duration of each break will likely vary. Supervisors should keep in mind that expressing breast milk may be a physical necessity for some mothers. Thus, supervisors should make every reasonable accommodation to support the needs of nursing mothers. Such accommodation should include permitting mothers who need to express breast milk to visit lactation rooms or use a private room during normal break times or meal times, and providing reasonable unpaid time (or use of sick time). While a supervisor may require that the lactation break time run concurrently with break times already provided, supervisors should be flexible when possible in allowing nursing mothers to select appropriate times. If a suitable room is not available in the employee’s building, supervisors must allow adequate and additional time for travel to and from the employee’s work location.

A bathroom, even if private, is not a permissible location for breastfeeding. The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother’s use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed is sufficient provided that the space is shielded from view, has electrical outlets and seating, and is free from any intrusion from co-workers and the public. When sound is a concern, an enclosed cubicle without a ceiling may not be an acceptable space. An ideal lactation space is dedicated, private, lockable, includes electrical outlets and the ability to wash hands and pump parts, provides refrigeration, and is a relaxing space where a mother will *feel comfortable*.

Lactation Rooms

Lactation rooms are provided throughout Emory’s campuses. Some rooms may also be used for other physical/medical needs, such as insulin shots for diabetics. For questions or complaints about a particular lactation room, contact the manager of that room, listed here: http://womenscenter.emory.edu/Programs/nursing_mothers/index.html

Not all lactation rooms are equipped with pumps. Lactation room users must clean up the room and ensure that all pumps provided by Emory are cleaned thoroughly and properly after each use. This will prevent contamination and the transmission of germs and illness. Nursing mothers may need to provide their own supplemental equipment in order to connect to the pumps provided by Emory.

Since 2005 the Facilities Management Division of Campus Services has required that all new building programs and any design plans for new capital buildings or major renovations must include consideration of a lactation room in each project. Although new construction projects and major renovations may not ultimately include a lactation room, advance consideration of the appropriateness for such rooms is required in the planning process.

Related Links

- Current Version of This Policy: <http://policies.emory.edu/4.91>
- [Lactation Support](http://www.womenscenter.emory.edu/services_resources/Nursing%20Nest/index.html) (http://www.womenscenter.emory.edu/services_resources/Nursing%20Nest/index.html)

Contact Information

Subject	Contact	Phone	Email
Campus Services, Work Management	Customer Service	404-727-7463	cscsc@emory.edu
Administering compensation & time allowed for breaks	Employee Relations	404-727-7625	sgonza4@emory.edu
Lactation Support	Center for Women		http://womenscenter.emory.edu/Programs/nursing_mothers/index.html

Revision History

- Version Published on: Jul 05, 2011
- Version Published on: Jul 05, 2011
- Version Published on: Jul 05, 2011
- Version Published on: Jun 03, 2011
- Version Published on: Apr 08, 2011
- Version Published on: Aug 26, 2008
- Version Published on: Jul 02, 2007 (*Original Publication*)

Emory University policies are subject to change at any time. If you are reading this policy in paper or PDF format, you are strongly encouraged to visit policies.emory.edu to ensure that you are relying on the current version.

**APPENDIX B:
KEY INFORMANTS**

CONNIE S. BLALOCK
Human Resources Specialist
Center for Disease Control
Workforce Relations Office (WRO)
Human Resources Office (HRO)
Office of the Chief Operating Officer (OCOO)

PATTI CARROLL, IBCLC
Lactation Consultant
Contractor
Center for Disease Control

MAEVE HOWETT, PhD, APRN, CPNP-PC, IBCLC, CNE
Professor
Director of Accelerated Programs
Nell Hodgson Woodruff School of Nursing, Emory University

LISA NEWBERN
Chief, Public Affairs
Yerkes National Primate Research Center
Emory University

MEG STOLTZFUS, LCPC
Lifespan Services Manager
Johns Hopkins University

APPENDIX C:

FLMA BIRTH BREAKDOWN 2013-2015

Prepared May 2016

Emory University
FMLA Birth Breakdown
2013-2015

2013

Employee			
Class	Female	Male	Total
0	9	2	11
1	46	5	51
3	5		5
4		1	1
7	78	41	119
9	13	2	15
B	33	3	36
Grand Total	184	54	238

2014

Employee			
Class	Female	Male	Total
0	13		13
1	53	5	58
3	2		2
4	4		4
7	89	20	109
9	18	1	19
B	28	5	33
Q	2		2
Grand Total	209	31	240

Employee Classes:

- 0 Faculty - Instructor, Lecturer
- 1 Faculty - Above Instructor, Lecturer
- 2 Academic Dean
- 3 Faculty Equivalent
- 4 Librarian
- 5 Executive
- 7 Staff
- 9 Post-Doctoral Fellow
- B Medical Resident
- Q Physician Member - Clinic

2015

Employee			
Class	Female	Male	Total
0	9		9
1	62	4	66
3	4		4
7	93	29	122
9	13		13
B	41	4	45
Q	1	1	2
Grand Total	223	38	261

**APPENDIX D:
DETAILED RECOMMENDATIONS**

Program Awareness

1. Focus program promotion efforts toward pre-maternity leave. 69% of respondents learned about the program before maternity leave.
2. Program website:
 - The [University of Michigan](#) and [Johns Hopkins University](#) are both examples of well-organized, easy to navigate and comprehensive lactation support program websites.
 - The lactation support webpage should be the main landing page for the Emory community to retrieve information about the program.
 - The inclusion of resources for managers and dads is an important element of website content.
 - For consistency of up-to-date information, eliminate duplicate webpages with similar information.
(i.e. The WorkLife Resource Center lactation resources page should link directly to the Lactation Support Program webpage).
3. Provide manager/supervisor/academic department trainings on building a professional culture that is supportive of new mothers when they return to work/school.
4. Provide managers/supervisors/academic departments with updated program promotion materials.
 - Example: provide an e-mail [template] that is sent to an employee or student when they have requested FMLA or a leave of absence. The e-mail would include a support letter, program registration instructions, pre and post maternity leave support resource links, new parent resource links, and lactation program website link.
5. Implement Lactation Support Program user registration.
 - When an expectant or new mother begins to plan for pumping at work or school, she would be directed to register (on-line) as a program-user. The CDC's Lactation Support Program and Johns Hopkins use a similar registration process.
 - Registration would be voluntary. Registration would not be required to use lactation rooms or resources.
 - Registration could include an electronic form that captures user name and contact, dept. and manager, due date or delivery date, and which lactation room the mom plans to use.
 - Implementing a registration process would allow for 1) direct communication with program-users, 2) the ability to communicate on behalf of the program-user with managers/academic departments about the lactation policy (with user consent), and 3) track and collect program usage data.
6. Implement new program promotion activities:
 - E-communications: include program registration announcements, updates, events, etc., when and where appropriate in Emory communications. (i.e. Center for Women, the Emory Report, WorkLife Resource and Human Resources, The Bubble, Health Affairs, Office of Health Promotion, Occupational Health)

- On-campus events:
 - Staff Fest
 - New Employee Orientation
 - Town Hall Meetings
 - Grad and PhD student events
 - John Hopkins has a semi-annual baby shower for faculty and staff. Implementing a similar event would be an opportunity to inform new or expectant parents about the various family-friendly programs at Emory.
- Visual Communications:
 - Signs inside of the lactation rooms
 - Signs inside of the women’s restrooms
 - Signs on bulletin boards
- Partnerships:
 - Emory University Hospital Lactation Consultants (during stay in hospital after delivery)
 - Occupational Health Department
 - Office of Health Promotion (Grad Students)

Program Management

1. Determine the best dwelling for the program’s management.
 - At most peer institutions, lactation support programs are managed in the Work Life department.
 - Johns Hopkins has implemented a shared responsibility model. Their Work, Life and Engagement department manages the program’s activities, however the lactation program’s budget is shared across all divisions. Under this model, the program is well funded and the entire Johns Hopkins community are stakeholders.
2. Establish a staff position that is responsible for managing the lactation support program.
 - This person can be a new hire, or the responsibility can be written into someone’s job description. Dedicated time and attention is required to re-evaluate the program, organize priorities and manage the daily program tasks.
3. Regularly update the program website content with:
 - Lactation room locations and room contacts.
 - Program updates, news and events.
 - Lactation support resources
4. Implement a program-user feedback process.
 - Add an electronic feedback form to the website (a form has been created; pending upload to website)
 - Display program website address inside of lactation rooms. (signs have been created; pending posting in lactation rooms)
 - Remove any paper feedback forms from inside of the lactation rooms.
5. Implement a data collection process.

- Johns Hopkins and the CDC have data collection processes. A data collection system can be as sophisticated as a door card reader or as simple as an online registration form. Usage data is valuable because the data can inform decisions about the program's growth and gauge the program's validity.
 - Emory University FMLA maternity leave data is also a valuable source of data on the target population.
 - Ongoing program registration, feedback (qualitative data) and usage data can justify the need for
 - Adding new lactation rooms or relocating rooms
 - Updating features inside of the rooms
 - Improving program resources
6. Implement ongoing program development activities that will increase the effectiveness of the program.
- Further identify program strengths and weaknesses to build on.
 - Define the program objectives.
 - Define any impact or outcome goals of the program. (Impact and outcome goals can be measured through data collection).
 - Benchmark peer institutions and corporations.
 - Identify a program model that best fits Emory University
 - Resource: [Breastfeeding Best Practices in Higher Education](#), M. Vancour, et al.
 - Develop a program budget that will sustain progress toward program objectives.
 - Create a Breastfeeding Advisory Committee
 - Columbia University has an advisory committee that contributes to the development of the breastfeeding support program. The members are faculty working in the areas of child and family health. This is an opportunity to take an interdisciplinary approach to the program's development and build partnerships in Emory's Schools of Public Health and Nursing for example.

Facilities Management

1. Conduct semi-annual lactation room audits.
 - Identify maintenance needs and room feature updates.
 - Refrigerators were the 3rd most important feature inside of a lactation room. However, this is not a recommendation for these reasons:
 1. The maintenance and upkeep
 2. Based on [breastmilk storage guidelines](#), freshly expressed breastmilk can be stored at room temperature for up to 6 hours and cooled by frozen ice packs in a cooler or lunch bag for 24 hours.
 3. Most buildings have break rooms with refrigerators that moms can store milk.
2. Recruit a "Room Mom" for each lactation room. This would be a mom that uses the room daily and could act as a liaison between the room-users and the program manager.
3. Monitor new construction within the system to ensure lactation rooms are planned for; the PCSW secured a commitment that all new buildings within the Emory University system would include a lactation room.

Policy Management

1. Identify an appropriate contact to manage policy compliance and complaints.
 - Available when a staff/faculty member, manager or student has an issue with interpreting or adhering to the lactation policy.
 - Note: The Lactation Policy lists an Employee Relations contact for “Administering compensation and time allowed for breaks”.

Lactation Support*Pre-Maternity Leave*

1. Add a list of links to breastfeeding classes and support groups at area [hospitals](#).
2. Inform program users that the Affordable Care Act (ACA) requires health care plans to cover breastfeeding consultation and supplies.
 - This includes a free breast pump and a limited number of lactation consultations without co-payment. However, most moms use the insurance provided consultations before the end of maternity leave, but still have challenges and concerns well after returning to work/school.
3. Add the CDC Breastfeeding Support listserv opt-in instructions to the Lactation Support Program website.

Post-Maternity Leave

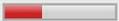
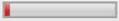
1. Develop a lactation consultation and support resources plan to extend the program’s support once mothers return to campus.
 - From the questionnaire, the most valuable program resource to respondents was lactation consultation.
 - Hire a lactation consultant or counselor to be available on-campus to nursing mothers.
 - The CDC’s contracted lactation consultant also manages many aspects of the daily program tasks. She works with expectant and new moms on developing a plan for pumping when they return to work, she conducts consultation workshops, one-on-one scheduled consultations and develops newsletter content.
2. Regularly update support resources inside of the lactation rooms and on the program website.
 - To generate new support resources and news; pull from KellyMom.com, apply a keyword Google Alert or subscribe to the United States Breastfeeding Committee e-newsletter, among others.
3. Regularly engage the community of program-users
 - via the Lactation Support Program listserv.
 - Conduct regular breastfeeding support workshops on campus that allow nursing mothers to share tips and support one another.
4. Include on-line support resources for fathers.

APPENDIX E:

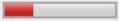
LACTATION SUPPORT PROGRAM NEEDS ASSESMENT SURVEY

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 Date Range: 2/1/2016 12:00:00 AM - 4/8/2016 6:00:00 PM
 Total Respondents: 261

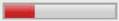
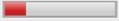
Q1. Choose the option that best describes you:

Count	Percent		
88	33.72%		I am a staff / faculty member at Emory University
12	4.60%		I am a student at Emory University
161	61.69%		I am not affiliated with Emory University
261	Respondents		

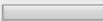
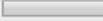
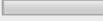
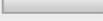
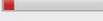
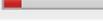
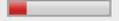
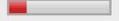
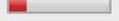
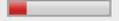
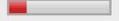
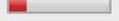
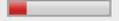
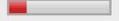
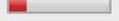
Q2. Do you know that Emory has a Lactation Support Program that includes Lactation Rooms?

Count	Percent		
74	74.00%		Yes
26	26.00%		No
100	Respondents		

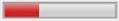
Q3. Have you used the lactation rooms?

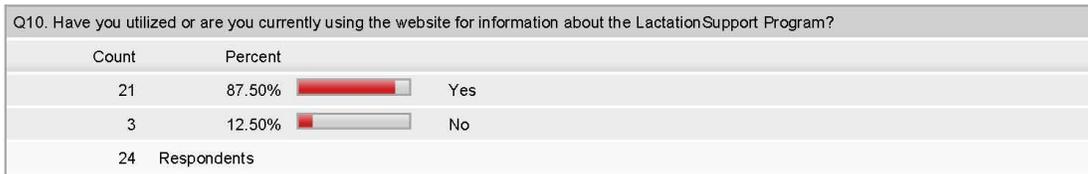
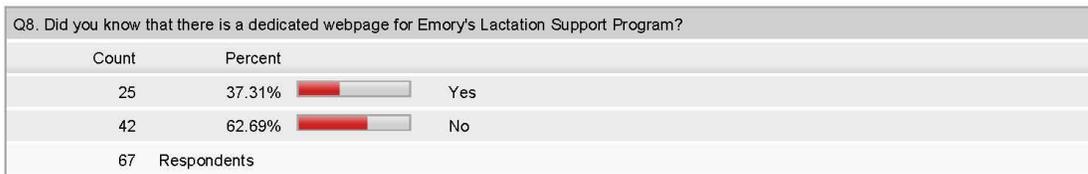
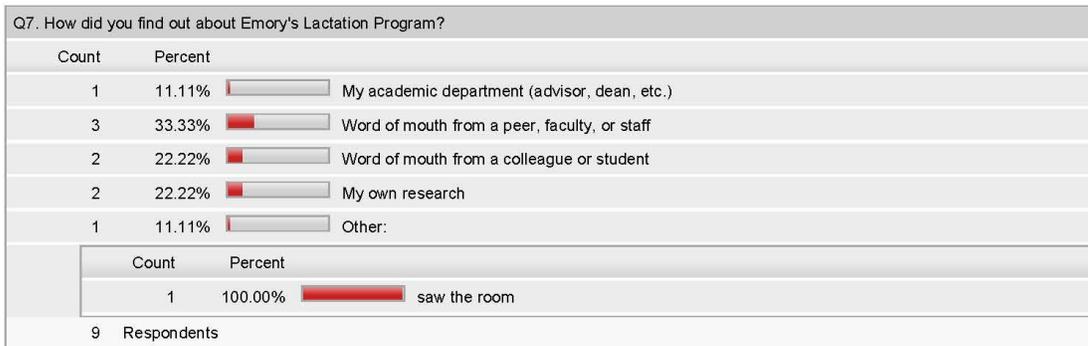
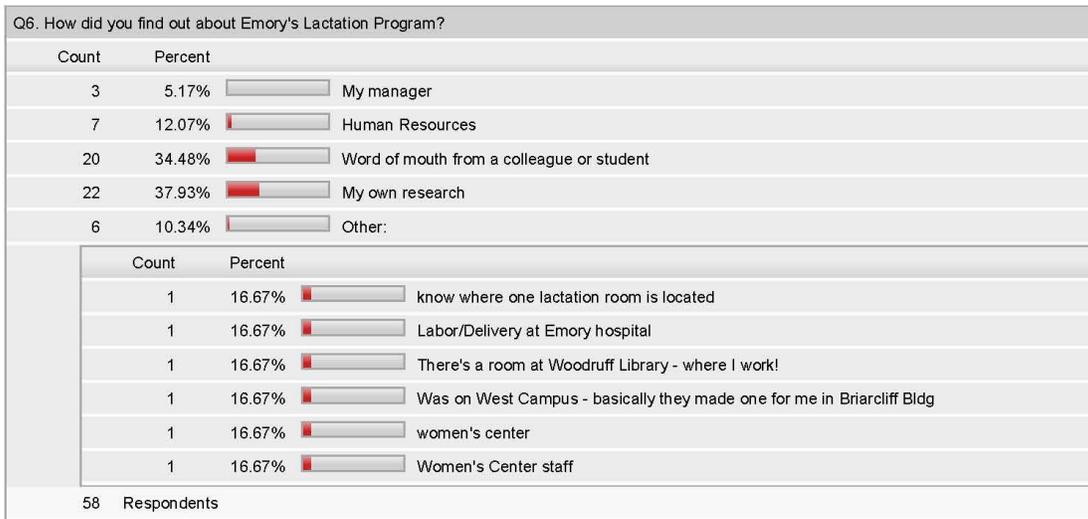
Count	Percent		
39	53.42%		Yes
20	27.40%		No, but I plan to use them in the future
14	19.18%		No, and I do not plan to
73	Respondents		

Q4. Please describe why you did not utilize the Lactation Rooms, or do not plan to. (Check up to 3options)

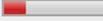
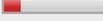
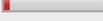
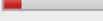
Count	Respondent %	Response %																	
0	0.00%	0.00%	 I only pumped at home																
7	58.33%	43.75%	 I had access to a private space (personal office, grad office, lab, etc.)																
1	8.33%	6.25%	 I didn't know about the Lactation Rooms at the time																
0	0.00%	0.00%	 I couldn't find the rooms																
1	8.33%	6.25%	 I didn't breastfeed or I don't plan to																
3	25.00%	18.75%	 Locations were not convenient for me																
4	33.33%	25.00%	 Other:																
<table border="1"> <thead> <tr> <th>Count</th> <th>Percent</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>Did not work at Emory while nursing</td> </tr> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>I wasn't at Emory when I was lactating :)</td> </tr> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>pumped years before the rooms were available - in the office!</td> </tr> </tbody> </table>				Count	Percent			1	25.00%		Did not work at Emory while nursing	1	25.00%		I wasn't at Emory when I was lactating :)	1	25.00%		pumped years before the rooms were available - in the office!
Count	Percent																		
1	25.00%		Did not work at Emory while nursing																
1	25.00%		I wasn't at Emory when I was lactating :)																
1	25.00%		pumped years before the rooms were available - in the office!																
12	Respondents																		
16	Responses																		

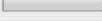
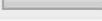
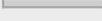
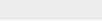
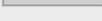
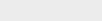
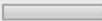
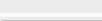
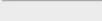
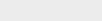
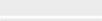
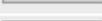
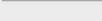
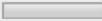
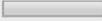
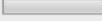
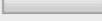
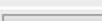
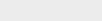
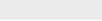
Q5. When did you find out about the Lactation Program?

Count	Percent		
46	68.66%		Before maternity leave
21	31.34%		After returning to campus
67	Respondents		



Q11. If offered, what types of employer/school lactation resources would be valuable to you? (Check all that apply)

Count	Respondent %	Response %	
208	91.23%	29.30%	 Lactation consultation
173	75.88%	24.37%	 Workshops (Support and tips)
105	46.05%	14.79%	 Newsletters
177	77.63%	24.93%	 Chat forums (among community of nursing mothers)
47	20.61%	6.62%	 Other suggestions:

Count	Percent	
1	2.13%	 A place to pump at work!
1	2.13%	 Available and comfortable lactation rooms.
1	2.13%	 Communication across schools and departments to let everyone, not just lactating mothers who are seeking the information, know that breastfeeding is important, and needs time and space. So that the whole school is on board!
1	2.13%	 Emory's medical insurance already covers 5 lactation consultant visits
1	2.13%	 Equipment (i.e. our employer has hospital grade pumps available in our lactation rooms). On-site counseling resource--this is often a VERY challenging time for new mothers (particularly as they transition back to work). A counselor would have been extremely helpful!
1	2.13%	 Help with breaks during work for breast feeding
1	2.13%	 hotline for immediate consultation
1	2.13%	 How to discuss lactation needs with your manager
1	2.13%	 HR should be trained to know about this as a resource. I found DAR hr to be surprisingly unhelpful with anything other than filling out FMLA forms and relied on my own research.
1	2.13%	 I felt very isolated using the rooms at Emory. Nobody except me seemed to be using the sign-in sheets, and nobody ever came around to collect them. The one in the Women's Center didn't open until too late in the day, and they acted annoyed when they were there a few minutes early and I asked to use it. I ended up camping out on the floor in a Candler handicapped bathroom with an electrical outlet instead.
1	2.13%	 I like the listserv we use at CDC, too.
1	2.13%	 I was unable to breast feed. I think lactation is great, but there needs to more support for those who can't or don't without judgment.
1	2.13%	 In person support group
1	2.13%	 Increased Visibility of program to working mothers
1	2.13%	 Knowing where rooms are
1	2.13%	 Lactation group- coming nurse your baby with other moms and a lactation consultant will be there
2	4.26%	 Lactation room
1	2.13%	 Lactation rooms
1	2.13%	 Lactation rooms and a work culture supporting lactating mothers-- conferences, etc. frequently overlook the need for breaks in order to pump and that is very challenging for nursing moms.
1	2.13%	 Lactation rooms and advocacy to ensure all staff and students are allowed sufficient breaks to pump
1	2.13%	 lactation rooms with door lock, sink, refrigerator, microwave, table, chairs, and electrical outlet for pumping.
1	2.13%	 lactation rooms with hospital grade pumps; lactation listserv for breastfeeding moms to ask questions/seek support on specific topics (CDC offers both of these successfully)
1	2.13%	 LACTATION ROOMS!!
1	2.13%	 Lactation support groups
1	2.13%	 Listserv. There is one at CDC and I have found it to be invaluable source of support and people ready, willing and able to answer each others questions.
1	2.13%	 More private lactation rooms that are not bathrooms also.
1	2.13%	 Multiple lactation rooms

1	2.13%		My children were born 20 years ago when Emory had NOTHING to support lactating moms. I am so glad to hear things are improving.
1	2.13%		past lactation for me, so not sure? Newsletters would have been preferred to in person I think?
1	2.13%		Private Lactation room equipped with pump, sink, easy chair, table or small desk, and sound machine or speaker for relaxing sounds
1	2.13%		Private room
1	2.13%		recipes for lactation-support foods
1	2.13%		Regular meetings
1	2.13%		Regular support group meetings with other mothers led by lactation consultant
1	2.13%		Signs saying breastfeeding is welcome and/or signs to use while pumping
1	2.13%		Space to pump privately and access to a refrigerator.
1	2.13%		Special fridge, sink in lactation rooms
1	2.13%		supplies in lactation rooms
1	2.13%		support for working mothers--information on pumping
1	2.13%		Support from direct supervisors to allow appropriate time to pump.
1	2.13%		Support groups, good access to lactation rooms in multiple locations, hospital grade pumps provided by employer
1	2.13%		Time and private, dedicated room for pumping
1	2.13%		Tips from other lactating mothers.
1	2.13%		Upgrades to the rooms to enable working while pumping.
1	2.13%		ways to find out about lactation support when travel is necessary for work. I'm working on a website with these topics.
1	2.13%		Would not be valuable now, but these would have been valuable when I was nursing.
228 Respondents			
710 Responses			

Q12. What are the three best ways to communicate with your employer's/school's lactation support services? (Check up to three)

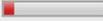
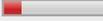
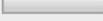
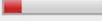
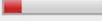
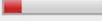
Count	Respondent %	Response %	
80	90.91%	35.71%	Email
11	12.50%	4.91%	Campus events
30	34.09%	13.39%	Your department's communication (manager, dean, advisor, Human Resources, etc.)
39	44.32%	17.41%	Signage inside of the lactation room
61	69.32%	27.23%	Lactation Support Program website
3	3.41%	1.34%	Other:

Count	Percent	
1	33.33%	HR should provide this when we do our FMLA paperwork for maternity leave!
1	33.33%	I am not sure
1	33.33%	Maybe a flyer in the letter granting parental leave

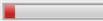
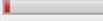
88 Respondents
224 Responses

Q13. What are the three best ways to communicate with you about your employer's/school's lactation support services? (Check up to three)

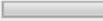
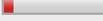
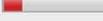
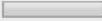
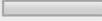
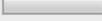
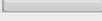
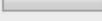
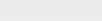
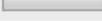
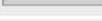
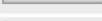
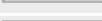
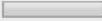
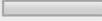
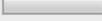
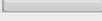
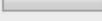
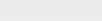
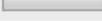
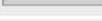
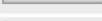
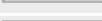
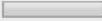
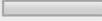
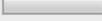
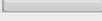
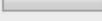
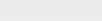
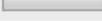
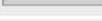
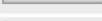
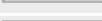
Count	Respondent %	Response %	
136	97.14%	36.56%	Email
23	16.43%	6.18%	Events
47	33.57%	12.63%	Employer communications (Manager, Human Resources, etc.)

69	49.29%	18.55%		Signage inside of the lactation room																									
93	66.43%	25.00%		Specific website for lactation support																									
4	2.86%	1.08%		Other:																									
<table border="1"> <thead> <tr> <th>Count</th> <th>Percent</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>breastfeeding support listservs</td> <td></td> </tr> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>Listserve</td> <td></td> </tr> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>Phone hotline</td> <td></td> </tr> <tr> <td>1</td> <td>25.00%</td> <td></td> <td>signs outside of lactation room (many of us pump in offices)</td> <td></td> </tr> </tbody> </table>					Count	Percent				1	25.00%		breastfeeding support listservs		1	25.00%		Listserve		1	25.00%		Phone hotline		1	25.00%		signs outside of lactation room (many of us pump in offices)	
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140 Respondents																													
372 Responses																													

Q14. Please choose the statement that best applies to you:

Count	Percent		
21	9.21%		I prefer to utilize lactation resources provided by my employer or campus.
197	86.40%		I prefer to utilize lactation resources provided by my employer or campus in addition to seeking my own personal resources (blogs, parenting websites, social media etc.).
10	4.39%		I prefer to seek lactation resources on my own (blogs, parenting websites, social media, etc.).
228 Respondents			

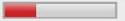
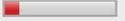
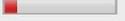
Q15. What features inside the lactation room are most important to you? (Check up to 3 options)

Count	Respondent %	Response %																																																																	
171	75.33%	23.78%	 Comfortable chair																																																																
133	58.59%	18.50%	 Refrigerator																																																																
7	3.08%	0.97%	 Reading material																																																																
36	15.86%	5.01%	 Lighting																																																																
131	57.71%	18.22%	 Temperature																																																																
186	81.94%	25.87%	 Privacy																																																																
55	24.23%	7.65%	 Other:																																																																
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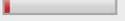
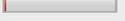
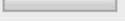
1	1.82%		foot stool
1	1.82%		hand washing station
1	1.82%		hospital grade pump
1	1.82%		Hospital grade pump
1	1.82%		It would be great if there was light and desk space to have enough room to bring a computer to work. Also, the space is very cramped.
1	1.82%		Location - NOT in a bathroom
1	1.82%		microwave and sink
1	1.82%		microwave for sterilizing
1	1.82%		microwave, sink
1	1.82%		nearby sink and microwave
1	1.82%		outlet near chair
1	1.82%		photos of babies or families
1	1.82%		pump and outlets
1	1.82%		Pump, sink
1	1.82%		running water
1	1.82%		Running water to clean parts
1	1.82%		sanitary not restroom sink
1	1.82%		Schedule to coordinate with other moms
3	5.45%		sink
4	7.27%		Sink
1	1.82%		sink & soap
1	1.82%		sink and faucet, hospital grade pump
1	1.82%		sink and microwave
1	1.82%		sink for hand washing
1	1.82%		Sink for hand washing
1	1.82%		Sink or wipes to clean breastpump parts
1	1.82%		Sink with soap and water in the same room. Table on which can eat lunch or work on laptop. Sanitary wipes.
1	1.82%		Sink!
1	1.82%		Sink, flat surface for pump, medical grade pump for use
1	1.82%		sink, storage shelf or hooks
1	1.82%		Sink/soap
1	1.82%		Somewhere to wash pump parts
1	1.82%		warm running water and sink
1	1.82%		Working sink
227 Respondents			
719 Responses			

Q16. Did your employer's/school's lactation program impact your decision to return to work/school after having a baby?			
Count	Percent		
72	31.72%		Yes
127	55.95%		No
28	12.33%		N/A
227 Respondents			

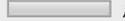
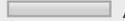
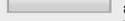
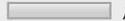
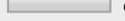
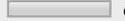
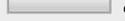
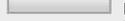
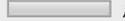
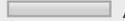
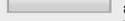
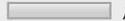
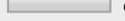
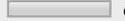
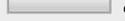
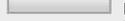
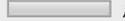
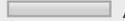
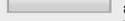
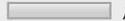
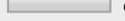
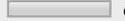
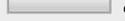
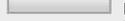
Q17. Please provide your feedback to the following questions: - How important was the lactation program in your decision to return to work/school after having a baby?

Count	Percent		
32	45.71%		Extremely important
20	28.57%		Very important
9	12.86%		Moderately important
8	11.43%		Slightly important
1	1.43%		Not at all important
70	Respondents		

Q18. Please provide your feedback to the following questions: - How important was the lactation program in your decision to pump at work/school?

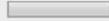
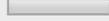
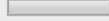
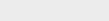
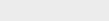
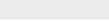
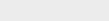
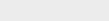
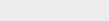
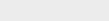
Count	Percent		
52	74.29%		Extremely important
14	20.00%		Very important
3	4.29%		Moderately important
1	1.43%		Slightly important
0	0.00%		Not at all important
70	Respondents		

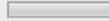
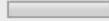
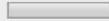
Q19. Do you have any additional feedback that was not captured above?

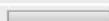
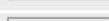
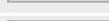
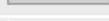
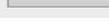
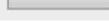
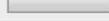
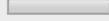
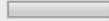
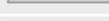
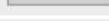
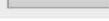
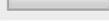
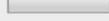
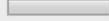
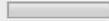
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1	1.49%	<input type="checkbox"/>	Having a room mom who coordinates scheduling is vital as we all need to stay on a regular pumping schedule to keep supply up.
1	1.49%	<input type="checkbox"/>	I am currently nursing a newborn and worried about going back to work. I am not really aware of lactation rooms and have been told in general they are not readily available. I am really hopeful that acceptance of and improvement in lactation resources can occur at Emory
1	1.49%	<input type="checkbox"/>	I am only familiar with the lactation space in the Woodruff Library but it does not at all seem private to me. I like that the door is required to be closed now but even so, there is a good bit of foot traffic as women come in and out of the restroom. Also the signage says "Family lounge" which can be misleading.
1	1.49%	<input type="checkbox"/>	I appreciate having access to a clean lactation room for pumping. I believe that there is not any available within the hospital building, so it is difficult for hospital staff to pump unless they have access to an office. Few residents/fellows have this and have often had to resort to pumping in bathrooms. It would also be great to be able to store our pump and milk in the lactation room, if possible, as many women and men are completely squeamish about all things lactation related, and for a busy resident/fellow, it saves on time needed to pump (don't have to go to another location to retrieve supplies, as residents and fellows are typically going throughout the hospital all day and not usually stationary in one place). That is why my ideal lactation room would also have a sink would also be great for washing hands and pump parts. I have been using the bathroom down the hall from the room to wash my hands.
1	1.49%	<input type="checkbox"/>	I believe that some of the information on Emory's website about lactation rooms are no longer correct. Ie some rooms are no longer accessible. I had someone tell me the room in the nursing school isn't available or hard to get available. Also temperature is the number one concern for me. It is terrible pumping in the cold. For that reason I walk 5 mins to the Rollins public health building to pump bc it's generally warmer in there, however even in that room it's often chilly. Putting a thermostat in the room that moms could control or maintaining them at a few degrees warmer than average would be awesome. The pump room in the biochemistry connector is an absolute fridge. It's terribly cold. Also confusing how to get in. Website doesn't indicate a key but sometimes it's locked? Overall the number of lactation rooms is amazing. During my graduate studies there were a total of 4 rooms available to a large R1 medical and graduate school facility. It was terrible. I'd often wait at least 30 mins to pump. I am so impressed with the number of rooms available. Just wish they were warmer.
1	1.49%	<input type="checkbox"/>	I did not know this program existed. I had a baby in 2011 and pumped in my office and in public bathrooms. Would have been nice to have known if there were rooms available at that time.
1	1.49%	<input type="checkbox"/>	I did not really know that there was a lactation program. Location of lactation rooms seems to be passed along by word of mouth. I would not know who to ask about other locations on Emory's campus, though it would be helpful.
1	1.49%	<input type="checkbox"/>	I don't even know where the lactation rooms are. Further, while working in the clinic, I am not sure I would be given the proper scheduling breaks to breast feed.
1	1.49%	<input type="checkbox"/>	I don't feel like there is adequate information provided for lactating mothers. I use the lactation room in the biochem connector, near rollins research and whitehead. In the winter it is very cold. There are heaters in there, but I don't know if they belong to other people or if I'm allowed to use them. There is milk EVERYWHERE. It's a little gross. There appears to be a hospital grade pump in the room, but I don't know if it's open for public use because that room isn't listed as having a provided pump. There are only two separated areas in there and only three chairs. It's not very private, which used to bother me. I've since lost any modesty I had. It gets full in there and I think more chairs would be good. A fridge would be great, so I didn't have to bring a cooler or put my milk in the communal fridge which may or may not be cold. I've also used the lactation room in CNR. A tiny little desk is not enough room my pumping supplies and those dividers are woefully insufficient for the amount of chairs that are in there. I'm really glad no one else was in there when I was, because we would have been way too close for comfort. All that aside, I'm grateful to have a place to pump on campus.
1	1.49%	<input type="checkbox"/>	I exclusively pumped with my son. Although financially I did not have a choice, and had to return to work after having my son, I am forever grateful my employer was supportive of my decision to breastfeed. Had my employer not offered a lactation room and given me the flexibility to pump based around my schedule, my breastfeeding experience would not have been successful.
1	1.49%	<input type="checkbox"/>	I knew about the lactation rooms (from an offhand remark in a meeting), but not about the larger program during the time I was breastfeeding. This would have been useful.
1	1.49%	<input type="checkbox"/>	I know that we have lactation rooms, although the one I use is lacking considerably, but I did not know we also have a support program. I have not seen any information about any other/additional resources.
1	1.49%	<input type="checkbox"/>	i really like the idea of nursing support.
1	1.49%	<input type="checkbox"/>	I think it is getting much better than when I had my youngest child 4 years ago, but I would have had to walk about 10 minutes to get to the nearest lactation room had I not had a

			private office. It was a major concern for young mothers who worked in our cubicles, and contributed to many choosing to stop breastfeeding early.
1	1.49%	<input type="checkbox"/>	I think it's important that everyone receive some notification of the availability of lactation support services to a) make sure everyone is aware of their existence and b) normalize breastfeeding and lactation support.
1	1.49%	<input type="checkbox"/>	I was unable to breast feed. I think lactation is great, but there needs to be more support for those who can't or don't without judgment.
1	1.49%	<input type="checkbox"/>	I wish I had known about this. I had heard about the visits to the Lactation consultant though our insurance but not anything about the facilities on campus.
1	1.49%	<input type="checkbox"/>	I work at CDC, which has a great lactation program.
1	1.49%	<input type="checkbox"/>	I work in the Grady campus, we feel left out; I am usually at the neighborhood health centers and have a hard time finding time throughout my day
1	1.49%	<input type="checkbox"/>	I would recommend getting an idea for how many people might be using the program and try to create enough rooms. A big mistake at CDC was creating 1 room for a 12 story building. We're had to turn a storage room into a lactation room and the schedule is still packed. I would recommend using a calendar system as well.
1	1.49%	<input type="checkbox"/>	I would totally love/use a bottle brush if there were one in the Women's Center Kitchen.
1	1.49%	<input type="checkbox"/>	I'm very fortunate that I work at CDC and they have a wonderful support system for nursing mothers. We have a lactation room at work, breastfeeding listserv that I can email for advice and I get support from other mom friends.
1	1.49%	<input type="checkbox"/>	in addition to space, realistic time to pump. returning to work back to original workload is not realistic. returning to work with back to back meetings made it difficult to sticking to a pumping schedule.
1	1.49%	<input type="checkbox"/>	It was really hard to choose the top 3 things for the lactation room.
1	1.49%	<input type="checkbox"/>	Lactation consultant access would be great. I struggled at first and needed to pay heavily out of pocket.
1	1.49%	<input type="checkbox"/>	Lactation program specifically did not influence my decision to return to work, but overall environment being supportive of nursing mothers was important. If I'd had to choose between work and nursing my children, I would have quit my job.
1	1.49%	<input type="checkbox"/>	Lactation rooms MUST have a door that locks, have a designated person in charge of it, and NOT be inside a bathroom. The lactation room at RSPH fails to meet these most basic requirements. I was fortunate to only have to use it a couple of times and it was disgusting.
1	1.49%	<input type="checkbox"/>	lactation rooms throughout campus are key. There are not currently any in my building or the buildings near mine.
1	1.49%	<input type="checkbox"/>	Lactation support of new mothers is critical to retaining new mothers after maternity leave. Increased understanding of lactation is critical: that a safe, warm environment biologically allows for the let down of milk, ensuring efficient pumping and milk supply.
1	1.49%	<input type="checkbox"/>	More support is needed for locations not on main campus, such as Executive Park.
1	1.49%	<input type="checkbox"/>	Most of us have to return to work (or want to), so the lactation program doesn't necessarily determine whether this happens. It does, however, strongly determine how successfully we breastfeed our babies after coming back to work. It also has a high impact on our stress level and success at work. Knowing that I'm supported by a supervisor to pump as needed makes my health and job performance better!
1	1.49%	<input type="checkbox"/>	My employer (not Emory) was incredibly supportive- lactation consultant, amazing lactation rooms with hospital grade pumps, supportive bosses and coworkers.
1	1.49%	<input type="checkbox"/>	NA
1	1.49%	<input type="checkbox"/>	no
1	1.49%	<input type="checkbox"/>	none
1	1.49%	<input type="checkbox"/>	Off campus locations need support for providing lactation rooms. My office is located off campus. We used to have a dedicated lactation room, but because of the growing number of employees, there is no longer a space. Our division notified the moms that we can use a small meeting room or clinic exam room (which we may be kicked out of if needed) or drive to campus (10-15 minutes if it is not rush hour). I work in a shared office space that faces a window to the street and does not have doors. I am using a Freemie pump (which is quieter and that has flanges that can be discreetly placed under my clothes) and pumping at my desk 2-3x a day. My baby is at daycare 10 minutes drive away, so I try to nurse 1x a day (I pump if I cannot go to the daycare). Our division will be moving to campus by end of the year, so I will have more access to the lactation rooms on campus, but I will have to make alternate child care arrangements. Driving to the daycare from campus during rush hour will take 30-45 minutes each way, plus I drive an additional 20-30 minutes to and from home with the baby and my 3 year old son. Many of the moms in the division have complained but have not had any resolution.

1	1.49%		other important characteristic of lactation room is having a sink. I also think an "open door" policy without a fixed schedule makes using the lactation room easier for moms who have work/meeting schedules that change day to day.
1	1.49%		Our breastfeeding program support groups were essential in my breastfeeding success. We met monthly to discuss topics and it gave me an opportunity to ask other mothers questions to help me successfully work fulltime and still breastfeed fulltime.
1	1.49%		Please visit the GA Dept of Health lactation room. It is amazing. I hate how so many of Emory's are attached to bathrooms. It feels unhygienic.
1	1.49%		Returning to work for new moms is about so much more than lactation. Lactation resources should be offered in tandem with other resources for new-mom support.
1	1.49%		Thank you for seeking this type of feedback from mothers that actually use the rooms and program.
1	1.49%		The lactation room in the school of public health could use some improvements. The room is very cold in the winter, which poses serious challenges to milk production. The swivel desks attached to the chairs are not nearly big enough for a breast pump and expressed milk. Many moms have spilled their milk when trying to pack up after pumping because there just isn't enough room to operate in that small area.
1	1.49%		The lactation room in the School of Public Health is an abomination. The room is cold, dark, cramped, dirty, and feels like a shower stall. It is shocking that a school of public health would offer these accommodations for faculty, staff, and students that are nursing. There is only one lactation room between the two SPH buildings, and I am told that the School of Nursing also uses it. I was presented with much more pleasant accommodations when I worked at Georgia State University three years ago.
1	1.49%		The lactation rooms are fine as a dedicated space, but include antiquated equipment that merely takes up room. In the academic buildings, they tend to be utilized by students for study/eating space, which is very frustrating. I have a strong preference for private lactation space; I don't find the curtains provide real privacy.
1	1.49%		The lactation support program at my work did not impact my decision to return to work because I had to, but it made the return so much less stressful. I don't know how I would have done it without a lactation support program.
1	1.49%		The room I utilized in Rollins was very cold in temperature (we had to fight for the desk with the space heater). Also it was very dimly lit. I am glad that it was fairly convenient to get to, but the conditions were suboptimal and met a bare minimum in requirements. It is certainly better than pumping in a restroom (which I did on campus when I was in a workshop across campus from my usual location), but I feel it could be improved (and maybe it has, I used the room 2 years ago)
1	1.49%		The support of other breastfeeding mothers has been very valuable as well, so monthly meetups are helpful, especially when I'm going through a rough patch or if I just need a boost in morale or confidence.
1	1.49%		There was no Lactation program at CDC in 1993, so I started one... The CDC Lactation Support Program, the CDC Parents Network, and the CDC Breastfeeding Parents Network
1	1.49%		This is unrelated to lactation but the most discouraging thing about taking maternity leave was the confusing info on Emory's website. Most women think they can use sick leave for the full FMLA term (administrators and managers repeat this erroneous info too) but it's not true and not very clearly put online. Most of us discover this only when taking leave. I mentioned it to my hr person and was told that clarifying it (nothing that one must use vacation time after six weeks) would encourage mothers to stay out of work longer than necessary. Very discouraging to hear this from HR, and many of my colleagues are confused about leave.
1	1.49%		Trainings for expectant moms are great, but I think an employer-based program should offer one-on-one support after the mom comes home from the hospital. For instance, a one-on-one consult during maternity leave where the lactation consultant can help with latching or other issues. The hospital we delivered at only had assistance while we were in the hospital, but I was struggling with latching issues and engorgement after I was discharged. My employer's lactation program didn't have a formal one-on-one consulting mechanism, but the lactation consultant had me meet her after one of the trainings that she was holding around the time I was discharged from the hospital, and she helped me with proper latching then.
1	1.49%		When I pumped for my older child, the lactation room at Rollins was open and I enjoyed talking to the other mothers. Now, there are dividers - I assume in response to a mother who wants more privacy. I can respect that, but I actually like the more open and communal feel.
1	1.49%		While I was pumping at work I did not know of the program. Fortunately everyone in my department is extremely supportive and found space for me and gave me the time I needed to keep up my production.
1	1.49%		While the lactation program was not a large factor in my decision to return to work, it was a large factor in continuing to breastfeed once returning to work as it made it much easier with lactation rooms and return to work consultations. It is also nice that we have access to the

				lactation consultant for any questions that come up.
1	1.49%			Would have been nice to have rental hospital grade pumps from HHS (to support moms who may need a little extra help).
1	1.49%			Would love to refresh the Woodruff Library Lactation space - either relocate or improve privacy and area surroundings (along with signage).
1	1.49%			Yes, I would have returned to work but luckily I have an office. If I did not I am not sure where I would have pumped. There aren't many private places and a single stall bathroom is unacceptable.
1	1.49%			you should ask about the quality of services that were provided - our lactation program is excellent but some are not.
67 Respondents				

Q20. What Department/Division are you in at Emory?				
Count	Percent			
78	100.00%			
Count	Percent			
1	1.28%			ACTSI
1	1.28%			BSHE, RSPH
2	2.56%			Campus Life
2	2.56%			Campus Services
2	2.56%			Candler School of Theology
1	1.28%			CAPS
1	1.28%			Department of Human Genetics, Division of Medical Genetics
1	1.28%			Department of Pathology
1	1.28%			Development
2	2.56%			Development and Alumni Relations
1	1.28%			Division of Animal Resources
1	1.28%			Emory College
1	1.28%			Emory Healthcare
1	1.28%			Environmental health RSPH
1	1.28%			Epidemiology
1	1.28%			geriatrics
1	1.28%			global health
1	1.28%			Global Health, RSPH
1	1.28%			Goizueta Business School
1	1.28%			Gsas
1	1.28%			Hubert Department of Global Health. Rollins SPH.
1	1.28%			Human Genetics
1	1.28%			Human Genetics/ SOM
1	1.28%			Human Genetics/Medical Genetics
1	1.28%			Laney Grad School (all over campus)
1	1.28%			Law
1	1.28%			Libraries & Information Technology
2	2.56%			LITS
1	1.28%			LITS - Library and Information Technology Services!
1	1.28%			Math and Computer Science
1	1.28%			Medicine, Nephrology

1	1.28%		Microbiology and Immunology
1	1.28%		now - Campus Life. Then Provost's office but off main campus
1	1.28%		nursing
1	1.28%		Nutrition and Health Sciences at RSPH
1	1.28%		Office of Business Practice Improvement
1	1.28%		Office of Research Administration
1	1.28%		Ophthalmology
1	1.28%		Oxford College
1	1.28%		Pediatrics
1	1.28%		Pediatrics (I work at Egleston)
1	1.28%		Pharmacology
1	1.28%		Physiology
1	1.28%		provost
1	1.28%		Public Health -Rollins
1	1.28%		Radiology
1	1.28%		Rheumatology Emory School of Medicine
3	3.85%		Rollins School of Public Health
2	2.56%		RSPH
2	2.56%		school of medicine
5	6.41%		School of Medicine
1	1.28%		School of Medicine, work at EUH, EUHM, TEC, Grady, ESJH
1	1.28%		School of Medicine/Laney Graduate School
1	1.28%		School of Medicine/Psychiatry and Behavioral Sciences
1	1.28%		School of Public Health.
1	1.28%		SOM gyn/Ob Ironic, huh?
1	1.28%		SOM: Division of Animal Resources
1	1.28%		SOM: Neurology - Cognitive Neurology
1	1.28%		SPH
1	1.28%		Student Health
1	1.28%		Student counseling
1	1.28%		The emory clinic-GIM
1	1.28%		Theology
1	1.28%		Undergraduate Admission
1	1.28%		Yerkes
78 Respondents			

Q21. Age range (Optional):			
Count	Percent		
0	0.00%		Under 21
2	0.91%		21 - 25
109	49.55%		26 - 35
99	45.00%		36 - 45
8	3.64%		46 - 55
2	0.91%		Older than 55
220 Respondents			

Q22. Race (Select all that apply) *Optional:

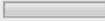
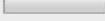
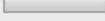
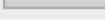
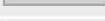
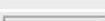
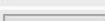
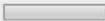
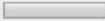
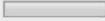
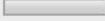
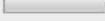
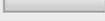
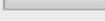
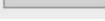
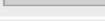
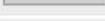
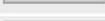
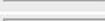
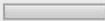
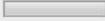
Count	Respondent %	Response %		
152	76.00%	74.15%		White (Non-Hispanic)
24	12.00%	11.71%		Black (Non-Hispanic)
0	0.00%	0.00%		American Indian
0	0.00%	0.00%		Native Hawaiian/Pacific Islander
16	8.00%	7.80%		Asian (any subgroup)
0	0.00%	0.00%		Multiracial or other (Non-Hispanic)
13	6.50%	6.34%		Hispanic or Latino/a (any subgroup)
200 Respondents				
205 Responses				

Q23. How many kids have you nursed? (Optional)

Count	Percent																																																	
203	100.00%																																																	
<table border="1"> <thead> <tr> <th>Count</th> <th>Percent</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>3</td> <td>1.48%</td> <td></td> <td>0</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>0 baby due in June</td> </tr> <tr> <td>106</td> <td>52.22%</td> <td></td> <td>1</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>1 (currently nursing my 3 month old)</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>1 and soon to be 2</td> </tr> <tr> <td>74</td> <td>36.45%</td> <td></td> <td>2</td> </tr> <tr> <td>9</td> <td>4.43%</td> <td></td> <td>3</td> </tr> <tr> <td>5</td> <td>2.46%</td> <td></td> <td>4</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>6 (4 breastfed directly, 2 exclusively pumped)</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>currently nursing my 2nd</td> </tr> <tr> <td>1</td> <td>0.49%</td> <td></td> <td>just the current 1</td> </tr> </tbody> </table>			Count	Percent			3	1.48%		0	1	0.49%		0 baby due in June	106	52.22%		1	1	0.49%		1 (currently nursing my 3 month old)	1	0.49%		1 and soon to be 2	74	36.45%		2	9	4.43%		3	5	2.46%		4	1	0.49%		6 (4 breastfed directly, 2 exclusively pumped)	1	0.49%		currently nursing my 2nd	1	0.49%		just the current 1
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1	0.49%		just the current 1																																															
203 Respondents																																																		

Q24. What is the longest you nursed or plan to nurse? (Optional)

Count	Percent																																								
202	100.00%																																								
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1	0.50%																																								
1	0.50%																																								

1	0.50%		12-16 months
1	0.50%		12mo
5	2.48%		13 months
1	0.50%		13 months per child
1	0.50%		14
11	5.45%		14 months
1	0.50%		14 months (but still nursing)
1	0.50%		14 mos
1	0.50%		14-15 months
1	0.50%		15
1	0.50%		15 mo
6	2.97%		15 months
1	0.50%		15 months and still going
5	2.48%		16 months
1	0.50%		16 months and still going strong (no longer pumping though. Pumped for 15)
1	0.50%		16 months and still going!
1	0.50%		17 months
1	0.50%		18 mo
9	4.46%		18 months
1	0.50%		18 months (did nurse)
1	0.50%		18 mos - 3 years
1	0.50%		18-24 months
1	0.50%		1st child: 18 months, 2nd child: currently 15 months and will allow them to self-wean
1	0.50%		1year or as long as baby accepts
2	0.99%		2 months
14	6.93%		2 years
1	0.50%		2 years +
1	0.50%		2.75yrs
2	0.99%		2+ years
1	0.50%		2+years
3	1.49%		20 months
1	0.50%		21 months
1	0.50%		22 months
1	0.50%		23 months
1	0.50%		2-3 years
3	1.49%		24 months
1	0.50%		25 months
2	0.99%		26 months
9	4.46%		3 years
1	0.50%		3 yrs
1	0.50%		35 months
2	0.99%		4 years
1	0.50%		5 years
5	2.48%		6 months

1	0.50%	<input type="checkbox"/>	6 mos
1	0.50%	<input type="checkbox"/>	6 or 8 months
2	0.99%	<input type="checkbox"/>	6-9 months
2	0.99%	<input type="checkbox"/>	7 months
2	0.99%	<input type="checkbox"/>	8 months
1	0.50%	<input type="checkbox"/>	8mo
3	1.49%	<input type="checkbox"/>	9 months
1	0.50%	<input type="checkbox"/>	9 mths
1	0.50%	<input type="checkbox"/>	Almost 3 years
1	0.50%	<input type="checkbox"/>	as long as my baby desires
1	0.50%	<input type="checkbox"/>	As long as possible approximately 18 months
1	0.50%	<input type="checkbox"/>	At least 1 year
1	0.50%	<input type="checkbox"/>	At least one year
1	0.50%	<input type="checkbox"/>	Currently breastfeeding, plan to nurse until baby is 1 year. Each session is about 10-15 minutes (this question is unclear)
1	0.50%	<input type="checkbox"/>	hopefully a year, maybe more
1	0.50%	<input type="checkbox"/>	I have a 16 month old who nurses only at night
1	0.50%	<input type="checkbox"/>	I nursed for all of FMLA leave with both kids.
1	0.50%	<input type="checkbox"/>	I nursed my baby until he was 10 months old. I planned to nurse him for at least one year, but had difficulty.
1	0.50%	<input type="checkbox"/>	i year
1	0.50%	<input type="checkbox"/>	i'm finished - longest was 2.5 y
1	0.50%	<input type="checkbox"/>	Just over 1 year.
1	0.50%	<input type="checkbox"/>	My first 9 months, my second 13 months
1	0.50%	<input type="checkbox"/>	my son is 7 months old; not sure how long I will continue to nurse & pump
1	0.50%	<input type="checkbox"/>	N/A baby due in June
2	0.99%	<input type="checkbox"/>	one year
1	0.50%	<input type="checkbox"/>	over a year
1	0.50%	<input type="checkbox"/>	over one year
1	0.50%	<input type="checkbox"/>	past 1st birthday
1	0.50%	<input type="checkbox"/>	Plan 6 months to one year
1	0.50%	<input type="checkbox"/>	plan to nurse at least 6 months, have a goal of 1 year
1	0.50%	<input type="checkbox"/>	seven months
1	0.50%	<input type="checkbox"/>	Still nursing at 19 months
1	0.50%	<input type="checkbox"/>	Until baby self-weans
1	0.50%	<input type="checkbox"/>	until baby wants to stop
1	0.50%	<input type="checkbox"/>	Until baby weans
1	0.50%	<input type="checkbox"/>	would love to reach WHO recommended 2 years
202 Respondents			

Q25. What is the longest you pumped or plan to pump at work/school? (Optional)			
Count	Percent		
196	100.00%	<input type="checkbox"/>	
Count	Percent		
1	0.51%	<input type="checkbox"/>	1 hour
		<input type="checkbox"/>	

2	1.02%	1 month
41	20.92%	1 year
1	0.51%	1 year each child
1	0.51%	1 year per child
3	1.53%	1 yr
1	0.51%	1 YR
1	0.51%	1.2 yrs
1	0.51%	1.5 years
1	0.51%	10 mo
10	5.10%	10 months
1	0.51%	10-12 months
1	0.51%	11 months
1	0.51%	11 mo
4	2.04%	11 months
1	0.51%	11 months and still pumping
1	0.51%	12
1	0.51%	12 mo
23	11.73%	12 months
1	0.51%	12 months (did pump)
1	0.51%	12-15 mo
1	0.51%	12mo
3	1.53%	13 months
1	0.51%	13 months or so
1	0.51%	13-14 months
2	1.02%	14 months
3	1.53%	15 mo
4	2.04%	15 months
2	1.02%	16 months
8	4.08%	18 months
1	0.51%	2 months
1	0.51%	24 months
2	1.02%	3 months
1	0.51%	3 mos
8	4.08%	6 months
5	2.55%	7 months
1	0.51%	8
6	3.06%	8 months
1	0.51%	8mos so far
1	0.51%	9 months
15	7.65%	9 months
1	0.51%	9 mos
1	0.51%	9 mths
1	0.51%	9.5 months
1	0.51%	9-12 months

1	0.51%	<input type="checkbox"/>	as long as I'm breastfeeding, so 6 months to a year
1	0.51%	<input type="checkbox"/>	at least 1 year
1	0.51%	<input type="checkbox"/>	At least 1 year
1	0.51%	<input type="checkbox"/>	At least 9 months (after maternity leave through one year)
1	0.51%	<input type="checkbox"/>	currently 15 months and still going
1	0.51%	<input type="checkbox"/>	Currently breastfeeding, plan to pump until baby 1 year. Each session is about 10-15 minutes. This will mean pumping at work for almost 8 months (this question is also unclear)
1	0.51%	<input type="checkbox"/>	from 6 weeks to 12 months
1	0.51%	<input type="checkbox"/>	hopefully a year, maybe more
1	0.51%	<input type="checkbox"/>	hopefully just a year
1	0.51%	<input type="checkbox"/>	I pumped 9 months at work.
1	0.51%	<input type="checkbox"/>	I pumped for 6 months.
1	0.51%	<input type="checkbox"/>	I will pump as long as I am able to produce enough; at least to 1 year. I was able to go to 10 months with my son. I'm on my 6th month with daughter.
1	0.51%	<input type="checkbox"/>	one year
1	0.51%	<input type="checkbox"/>	One year
1	0.51%	<input type="checkbox"/>	one year (for each child)
1	0.51%	<input type="checkbox"/>	Plant to pump about 3-9 months depending on how long I nurse
1	0.51%	<input type="checkbox"/>	pumped for 12 months
1	0.51%	<input type="checkbox"/>	pumped until my son was 1 y.o.
1	0.51%	<input type="checkbox"/>	seven months
1	0.51%	<input type="checkbox"/>	Stopped at 11 months
1	0.51%	<input type="checkbox"/>	Unsure
1	0.51%	<input type="checkbox"/>	until age 1
1	0.51%	<input type="checkbox"/>	Until baby self weans
1	0.51%	<input type="checkbox"/>	Until baby's 12 months
1	0.51%	<input type="checkbox"/>	Until child was 15 months old
1	0.51%	<input type="checkbox"/>	up to 12 months
1	0.51%	<input type="checkbox"/>	went back at 3 months and pumped until 12-15 months
196 Respondents			